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CONFIRMATION NO. 5498

<b>SERIAL NUMBER</b> 10/829,001	<b>FILING OR 371(c) DATE</b> 04/21/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> PM0338
<b>APPLICANTS</b> John Manhard, Durham, NC;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/464,572 04/22/2003 <i>of</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/26/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 9
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> Amersham Health, Inc. IP Department 101 Carnegie Center Princeton, NJ08540				
<b>TITLE</b> Valve for conducting hyperpolarized gas				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	